

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE
DENTIST

DOPL-AP-017 REV 05/31/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Please note that the address of record is public information and is available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. Submit an official transcript from a dental school accredited by the Commission on Dental Accreditation of the ADA, which includes your date of graduation and degree earned.

If you graduated from a dental school located outside of the United States, submit a report from the International Credentialing Associates, Inc. documenting that your school met the standards for accreditation by the Commission on Dental Accreditation of the ADA at the time you graduated.

2. Submit official score results verifying your having passed the National Board Examination as administered by the Joint Commission on National Dental Examinations of the ADA, unless you

are applying for licensure by endorsement and were originally licensed before 1928.

3. Submit an original score report from WREB, NERB, SRTA, or CRDTS verifying your having passed a regional practical examination.
4. Submit the original letter from Experior which documents your passing score on the Utah Dentist and Dental Hygienist Law Examination.
5. Using the “Request For Verification of License” form, obtain verification of licensure from every state in which you have ever been licensed as a dentist.

Request that the verifying state(s) complete the form(s) and mail or fax them directly to the Division or return them to you for submission with your application.

6. Submit a copy of your current CPR or BCLS certification card.
7. Submit the \$100.00 non-refundable application processing fee for a Dentist License.
8. If you are applying by endorsement, additionally submit the following:
 - ☐ Documentation that you are currently licensed in another state.
 - ☐ Documentation that you have successfully engaged in practice as a dentist for not less than 6,000 hours in the last five years.
 - ☐ Documentation of passing a state administered examination if you were licensed in another state prior to 1928 (in lieu of National Board Examination results).
 - ☐ Documentation of passing a state examination if you were licensed in another state prior to 1976 (in lieu of a regional practical examination).
9. If you are applying for a Class II Anesthesia and Analgesia permit, submit the following.
 - ☐ A “Request For A Class II Anesthesia And Analgesia Permit” form.
 - ☐ A copy of your current Basic Life Support course certification.
 - ☐ An official letter from your anesthesia course director certifying the amount and type of anesthesia training received, the dates you received the training, and a statement that the course **conforms** to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, of the American Dental Association, July 1993.
10. If you are applying for a Class III Anesthesia and Analgesia permit, submit the following.

- ❑ A “Request For A Class III Anesthesia And Analgesia Permit” form.
- ❑ A copy of your current Basic Life Support course certification.
- ❑ An official letter from your anesthesia course director **certifying you are competent** to administer parenteral conscious sedation and that the course conformed to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, of the American Dental Association, July 1993. The documentation must show at least 60 didactic hours plus at least 20 observed cases.

You must have a current Utah Controlled Substance license in good standing or have applied and have met the requirements.

11. If you are applying for a Class IV Anesthesia and Analgesia permit, submit the following.

- ❑ A Request For A Class IV Anesthesia And Analgesia Permit” form.
- ❑ A copy of your current BCLS and ACLS certification.
- ❑ An official letter from your anesthesia course director **certifying you are competent** to administer general anesthesia and deep sedation, that the course was not less than one year in length, and the course conformed to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Part II, of the American Dental Association, July 1993.

You must have a current Utah Controlled Substance license in good standing or have applied and have met the requirements.

12. If you are applying for a Utah controlled substance license, submit the following.

- ❑ The original letter from Experior documenting your passing score on the Controlled Substances Law Examination.
- ❑ The \$90.00 application processing fee for a Controlled Substance License.

Additional Important Information:

1. **Law and Rules Exam:** All applicants for licensure must pass the Utah Dentist and Dental Hygienist Law Examination. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

The Controlled Substances Law Examination is also administered by Experior. For registration and fee information, contact them directly at the address and telephone number above.

You may also purchase a study guide from Experior which has been prepared to assist candidates taking law exams.

In addition, the following applicable laws and rules are available on the Internet at <http://www.commerce.state.ut.us/dopl/dopl11.htm>

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing Profession Licensing Act
- ❑ Dentist and Dental Hygienist Practice Act
- ❑ Dentist and Dental Hygienist Practice Act Rules

2. **Practical Examinations:** For registration and fee information or to request a duplicate certificate, contact the appropriate testing agency below.
 - ❑ **WREB:** Western Regional Examining Board, 9201 N25th Avenue, #183, Phoenix, AZ, 85021, (602) 944-3315
 - ❑ **NERB:** Northeast Regional Board of Dental Examiners, Inc., 8484 Georgia Ave., #900, Silver Spring, MD, 20910, (301) 563-3300
 - ❑ **SRTA:** Southern Regional Testing Agency, Inc., 303-34th Street, Ste 7, Virginia Beach, VA, 23451, (757) 428-1003
 - ❑ **CRDTS:** Central Regional Dental Testing Service, Inc., 1725 Gage Blvd, Topeka, KS, 66604, (785) 273-0380
3. **National Board Examination:** Contact the Joint Commission on National Dental Examinations at 211 East Chicago Avenue, Suite 1846, Chicago, Illinois, 60611, (312) 440-2500.
4. **Foreign Trained Dentist:** Contact International Credentialing Associates, Inc. at 7245 Bryan Dairy Road, Bryan Dairy Business Park II, Largo, FL 33777, (727) 549-8555 for credentialing application and fee information.
5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
6. **Controlled Substance License:** You must hold a Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe a controlled substance in your practice in Utah.

7. **DEA Registration:** For DEA registration information, contact the Drug Enforcement Administration at (800) 326-6900.
8. **License Renewal:** Each dentist license expires May 31 of each even numbered year. In order to renew your license you must complete at least 30 hours of qualified continuing education.
9. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6633 or
(801) 530-6619

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _(____)_____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____Dentist License (Includes a Class I Anesthesia and Analgesia Permit)

_____Class II Anesthesia and Analgesia Permit

_____Class III Anesthesia and Analgesia Permit

_____Class IV Anesthesia and Analgesia Permit

_____Controlled Substance License

DENTAL SCHOOL (Use additional sheets if necessary):

Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received: _____ Date of Graduation: _____

PROFESSIONAL EXAMINATION REQUIREMENT:

Answer "Yes" or "No"

_____National Boards, Date(s) Taken: _____

_____Western Regional Examination, Date(s) Taken: _____

_____Northeast Regional Board Examination, Date(s) Taken: _____

_____Southern Regional Testing Agency Examination, Date(s) Taken: _____

_____Central Regional Dental Testing Service Examination, Date(s) Taken: _____

_____State Exam, State _____ Date(s) Taken: _____

_____Utah Dentist and Dental Hygienist Law Exam, Date(s) Taken: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held as a dentist. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

IF APPLYING FOR A CONTROLLED SUBSTANCE LICENSE:

I hereby agree to comply with the laws of Utah relating to the Controlled Substance Act and Rules.

Signature of Applicant: _____

Date of Signature: _____

BASIC LIFE SUPPORT CERTIFICATION/CPR:

Source: _____

Dates Attended: From _____ To _____

WORK EXPERIENCE AS A LICENSED DENTIST:

Please list your professional work experience for the past 5 years. Attach additional sheets if necessary.

Answer “Yes” or “No”

_____ I have worked as a licensed dentist for 6,000 or more hours in the 5 years immediately

preceding the date of this application.

DENTIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for a license or received a license, certificate, permit, or registration to practice in a licensed profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a licensed profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a licensed profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges while under investigation or while action was pending against you by any health care profession licensing agency, hospital, or other health care facility or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or

federal health care payment reimbursement program?

12. ____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. ____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
14. ____ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
15. ____ Have you been named as a defendant in a malpractice suit?

If you answered “yes” to question 15, for each malpractice suit filed against your license, supply the date, status, disposition, amount of settlement, and a detailed description including your relationship to the patient and your role in the case.

16. ____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. ____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. ____ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. ____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
20. ____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
21. ____ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations

need not be listed.

22. _____ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

If you answer yes to question 21 or 22 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

23. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
24. _____ Have you ever been terminated from a position because of drug use or abuse?
25. _____ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If the answer to any of the above questions is “YES”, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “Yes” answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah. If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

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REQUEST FOR A CLASS II ANESTHESIA AND ANALGESIA PERMIT

Applicant Name: _____

ANESTHESIA TRAINING:

1. Program Name/Institution: _____

Dates Attended: ____/____/____ To ____/____/____ Certificate Awarded: _____

2. Program Name/Institution: _____

Dates Attended: ____/____/____ To ____/____/____ Certificate Awarded: _____

AFFIDAVIT:

I declare under penalty of perjury as follows.

1. My anesthesia courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, July 1993.
2. I have and will maintain current BCLS certification.
3. My patient care staff will maintain current CPR or BCLS certification.
4. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
5. Nitrous oxide and oxygen flow rates and sedation duration and clearing times will be appropriately documented in patient record.
6. Reasonable and prudent controls and equipment are in place and followed in regard to nitrous oxide to ensure the health and safety of patients, dental office personnel, and the general public.
7. The dental facility is equipped with adequate and appropriate equipment, in good working order, to assess vital signs.

8. Equipment used in the administration of nitrous oxide has a scavenging system and all gas delivery units have an oxygen fail-safe system.

Signature of Applicant:_____

Date of Signature:_____

REQUEST FOR A CLASS III ANESTHESIA AND ANALGESIA PERMIT:

Applicant Name: _____

ANESTHESIA TRAINING:

1. Program Name/Institution: _____

Dates Attended: ____/____/____ To ____/____/____ Certificate Awarded: _____

2. Program Name/Institution: _____

Dates Attended: ____/____/____ To ____/____/____ Certificate Awarded: _____

AFFIDAVIT:

I declare under penalty of perjury as follows.

1. My anesthesia courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, of the American Dental Association, July 1993.
2. I have and will maintain current BCLS certification.
3. My patient care staff will maintain current CPR or BCLS certification.
4. I have, or am applying for, and will maintain a Utah controlled substance license.
5. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
6. Reasonable and prudent controls and equipment are in place or are exercised over all nitrous oxide administration, equipment and tanks to ensure the health and safety of patients, dental office personnel and the general public.
7. Equipment used in the administration of nitrous oxide has a scavenging system and all gas

delivery units have an oxygen fail-safe system.

8. The facility in which I work has adequate and appropriate monitoring equipment, including pulse oximetry, current emergency drugs, and equipment capable of delivering oxygen under positive pressure.
9. The patient's heart rate, blood pressure, respiratory rate and responsiveness will be checked at specific intervals during the anesthesia and recovery period and such observations will be appropriately recorded in the patient record.
10. Inhalation agents= flow rates and sedation duration and clearing times are appropriately documented in the patient record.
11. A minimum of two qualified persons as defined by rule will be present during the administration of parenteral conscious sedation.

Signature of Applicant:_____

Date of Signature:_____

REQUEST FOR A CLASS IV ANESTHESIA AND ANALGESIA PERMIT

Applicant Name: _____

ANESTHESIA TRAINING:

1. Program Name/Institution: _____

Dates Attended: ____/____/____ To ____/____/____ Certificate Awarded: _____

2. Program Name/Institution: _____

Dates Attended: ____/____/____ To ____/____/____ Certificate Awarded: _____

AFFIDAVIT:

I declare under penalty of perjury as follows.

1. I have successfully completed at least one year of advanced training in administration of general anesthesia and deep sedation. All courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Part II, July 1993.
2. I have successfully completed advanced training in obtaining a health history, performing a physical examination and diagnosis of a patient consistent with the administration of general anesthesia or deep sedation.
3. I have and will maintain current BCLS and ACLS certification and a current Utah controlled substance license.
4. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
5. Reasonable and prudent controls and equipment are in place or are exercised over all nitrous oxide administration, equipment and tanks to ensure the health and safety of patients, dental office personnel and the general public.

6. Equipment used in the administration of nitrous oxide has a scavenging system and all gas delivery units have an oxygen fail-safe system.
7. Inhalation agents' flow rates and sedation duration and clearing times are appropriately documented in the patient record.
8. The facility in which I will practice is equipped with precordial stethoscope for continuous monitoring of cardiac function and respiratory work, electrocardiographic monitoring and pulse oximetry, means of monitoring blood pressure, and temperature monitoring; the preceding or equivalent monitoring of the patient will be used for all patients during all general anesthesia or deep sedation procedures with temperature monitoring used for children.
9. Equipment will be immediately available to treat emergencies, including advanced airway equipment, resuscitation medications, and defibrillator.
10. Monitoring and emergency equipment is inspected annually by a certified technician and is calibrated and in good working order.
11. A minimum of two qualified persons as defined by rule will be present during the administration of parenteral conscious sedation.
12. Three qualified and appropriately trained individuals as set forth in rule will be present during the administration of general anesthesia or deep sedation.

Signature of Applicant:_____

Date of Signature:_____

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the State of Utah as a _____

I am/have been licensed in your State under the name _____

My Social Security Number is _____

My Date of Birth is _____

My license number in your State is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please elaborate _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement, From What State: _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)